

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004932 (9)

1. Corporation Name

BETH DAVID SPHARADIC CONGREGATION, INC.



Principal Place of Business

Mailing Address

5790 SW 32ND TER
FT LAUDERDALE FL 33312

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FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
10/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0525373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOTTON, ELIEZER
5650 STIRLING RD #10
HOLLYWOOD FL 33021**

81

Name **Miriam Benguigui**

82

Street Address (P.O. Box Number is Not Acceptable)

4100 N 42nd Terr.

83

84

City **Hollywood**

FL

85

Zip Code **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Miriam Benguigui **Miriam Benguigui Director**

1/17/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOTTON, DAVID	
STREET ADDRESS	4100 N 42ND TER	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOTTON, DANNY	
STREET ADDRESS	4100 N 42ND TER	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIRA, DENIS	
STREET ADDRESS	4120 N 41ST ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOTTON, ELIEZER	
STREET ADDRESS	4080 N 43RD AVE.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D	
1.2 NAME	Miriam Benguigui	
1.3 STREET ADDRESS	4100 N 42nd Terr	
1.4 CITY-ST-ZIP	Hollywood, FL 33021	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gideon Sasson	
2.3 STREET ADDRESS	5650 Stirling Rd	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)